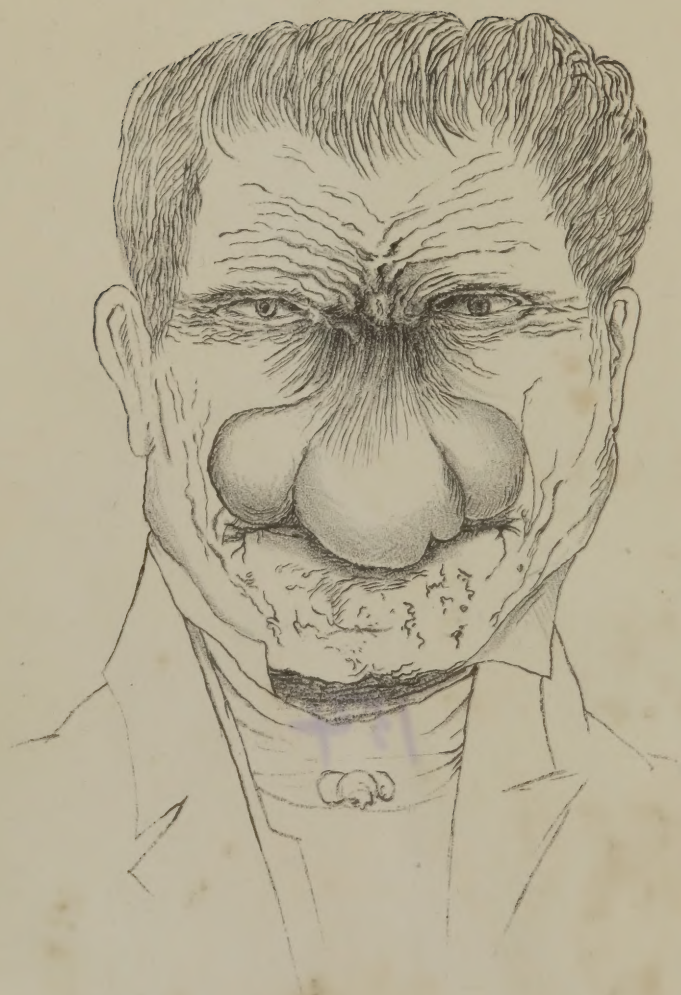


Townsend (P. S.)  
to Mr W Francis





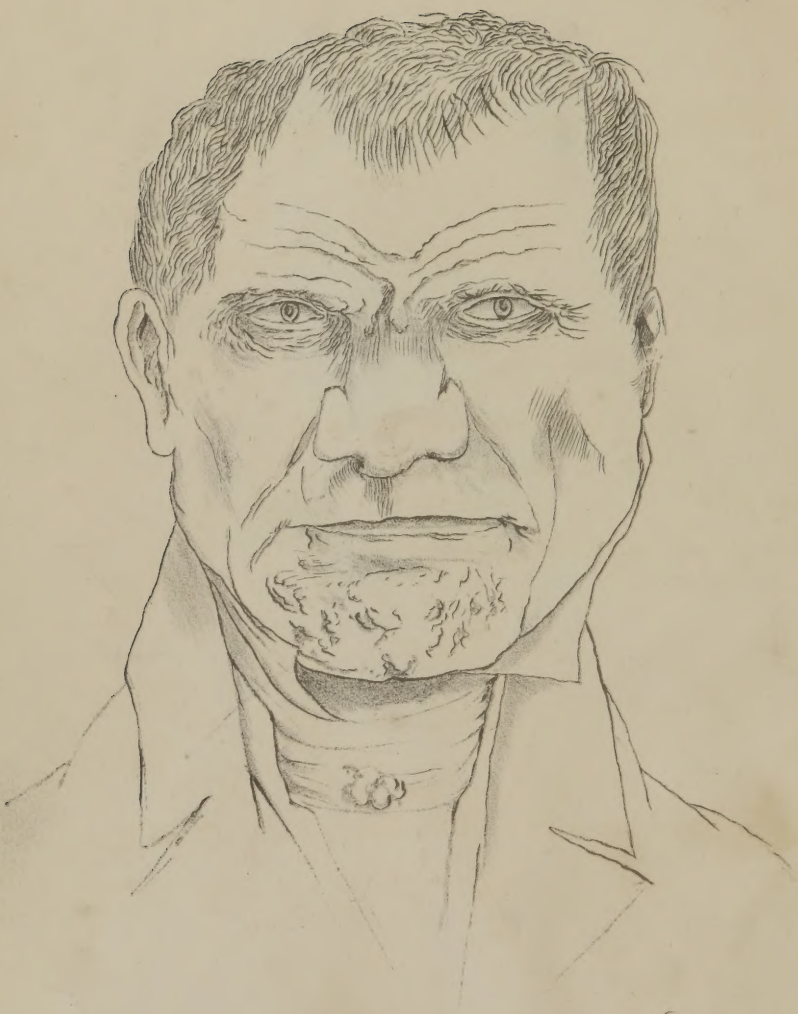


*P. S. Townsend del.*

*Litho. of Lambert & Co. N York.*

*Sketch of the Nose taken  
before the Operation Nov. 23, 1824.*





*J. S. Townsend del.*

*Litho. of Imbert & Co. N. York.*

*Exact Appearance of the Nose three  
weeks after the Operation.*

*Dr. Geo. W. Francis*  
*with the*  
*Author's receipt*

**CASE**

OF

**THREE REMARKABLE TUMOURS**

**EXTIRPATED FROM THE NOSE.**

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**BY P. S. TOWNSEND, M. D.**

**OF NEW-YORK,**

**HONORARY MEMBER OF THE ROYAL JENNERIAN SOCIETY, LONDON, AND OF  
THE LONDON VACCINE INSTITUTION; MEMBER OF THE  
MEDICAL SOCIETY OF NEW-YORK, ETC.**

---

**COMMUNICATED IN A LETTER TO**

**DAVID HOSACK, M.D. F.R.S.**

**PROFESSOR IN THE UNIVERSITY OF THE STATE OF NEW-YORK, ETC. ETC.**

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**NEW-YORK :**

**PRINTED BY J. SEYMOUR, 49 JOHN-STREET.**

**1825.**





*New-York, Nov. 19, 1825.*

DEAR SIR,

MR. JOHN RUSSEL, aged 54 years, a planter, of Abaco, one of the Bahama Islands, of robust short stature, and of sanguine temperament, was attacked in the year 1799 with small-pox, from which he recovered after a severe illness. His face remained much pitted, and the surface of the nose was particularly rough. Soon after, there was a perceptible enlargement of the teguments covering the anterior and lateral cartilages of the nose, which increased the more rapidly, as he imagined, from the practice of squeezing out of the end and sides of the nose what are vulgarly called worms, but which are well known to be the secretion of sebaceous glands, indurated and blackened externally by exposure to the air in the orifices of their excretory ducts.

Sir Astley Cooper has expressed an opinion that encysted tumours may arise from obstruction in the glandular follicles of the skin, and this may have been the first cause of the disease. It is not uncommon in the more remote and unfrequented, or what are called *out-islands* in the Bahamas, to meet with fatty tumours of small size and globular shape, upon the teguments of the forehead, nose, and cheek. I have



heard them attributed, with plausibility, to the use of salt fish and crude vegetable food. Nothing however like the gigantic growth of Russel's nose was ever seen in the West-Indies, or any where described in the annals of surgery.

This patient came to consult me at Nassau, island of New-Providence, about the middle of October 1824.

For the last twenty years the nose had not varied materially from the extraordinary dimensions and grotesque appearance which the sketch presents in Plate I.

This enormous mass of disease consisted of three lobular tumours, having the appearance of a trilobate pendulous excrescence from the nose.

On examination I found them soft to the feel, and not only pitting, but exuding, on pressure, through minute and almost imperceptible pores like those of a carbuncle, a thin, glairy, yellowish pus. For years, he informed me, he had been in the daily habit during the warm weather, of squeezing out through these pores (which are doubtless the original orifices of the diseased sebaceous follicles) a tea-spoonful or more of matter occasionally mixed with blood. They were so moveable as to be easily turned up upon the forehead, so as to exhibit the openings into the nostrils underneath, which in their natural position, hanging down upon the mouth, they entirely concealed. The middle tumour extended down as far as the lower



lip, upon which it rested, interfering very much with drinking and eating, and also with articulation. This, the largest of the three, was about *two inches* in breadth, and, measuring from the anterior to the posterior surface, an *inch and a half* in diameter: the lowest part of it incurvated over the nostrils. The shape was spherical, as also that of the two lateral tumours, which were more globate, and about *one inch* in diameter. Each lateral tumour was seated upon the external surface of the ala of the nose, leaving the rim of the inferior part of the ala in its natural state, but closely adhering to the cartilage above this by a broad base nearly co-extensive with the diameters of the tumours. The middle lobe, however, involved the whole of the tip of the nose, had a larger base and attachment than the lateral lobes, and was more firmly adherent than they to the cartilages upon which it was situated. The middle tumour was also entirely separated on each side from the lateral tumours by a deep fissure, leaving each tumour upon a distinct base. These fissures had been made deeper, he said, by constantly handling and wiping out the clammy matter secreted between the tumours. The teguments upon the diseased part were of the same flushed colour and rough appearance as upon the rest of the face.

The remarkable tumours upon the nose of this patient had been familiarly known for years through-

out the Bahamas, as well as in many other parts of the West-India islands; and so extraordinary and unique were they considered, that he was in his travels every where proverbially designated by the cognomen of *Big-Nose Russel*. The sneering and sarcastic observations many persons had unfeelingly made upon his misfortune, had for the last ten years, he told me, almost prevented him from going abroad.

There was no pain or irritability on handling the diseased mass, but the weight of it at night was so unpleasant as to inconvenience his respiration, unless lying on his back; in which posture, also, the nose interfering with the mouth, would cause him frequently to spring from bed during sleep, with a sense of strangulation. The weight may be imagined from the deep wrinkles upon the forehead and around the eyes, occasioned by the incessant and powerful action of the occipito-frontalis and adjoining muscles, in their effort to sustain the tumours.

After having proposed the operation to the patient, and with much difficulty made him understand that no serious consequences were to be apprehended from it, he went home to Abaco, and in a few weeks returned to Nassau, for the purpose of having it accomplished.

In the meanwhile, the proposition I had made became generally known; and on his return to Nassau, most of his friends, and one or two practitioners of

the place, secretly dissuaded him from it, and told him that an operation of such moment rendered it advisable that he should go to London, and consult Sir Astley Cooper or Mr. Abernethy.

These recommendations, the motives for which, in several of his advisers, it was by no means difficult to interpret, had the effect which was intended; so much so that when, after he had been at Nassau several weeks, I again suggested the operation, he positively and unequivocally declined. I had almost despaired of again bringing his mind to the resolution of having the deformity removed, until at length, on Tuesday, November 23d, 1824, I succeeded in gaining his entire assent. The operation was performed about noon of that day, in presence of Mr. Brydon, Assistant Surgeon of the Forces at Nassau, in the following manner: passing the scalpel first on the outer edge of the left lateral tumour until it was removed smoothly from the cartilages to which it was attached, then doing the same with the right lateral tumour, and finishing in the same manner, with the middle lobe; the whole operation being completed *in five minutes*. Several large compresses were then placed over the nose across the face, secured by a bandage round the head, to check the hæmorrhage, which was not more than eight ounces. Openings were made through the compresses to admit light to the eyes. In four days the dressings were remov-



ed, and in exactly *two weeks* from the moment of the operation, the wound having (under the carbon, bark, and alcohol poultice, and tonics internally) kindly granulated by the first intention, the patient, to the astonishment of an assembled multitude, who thronged after him, appeared at the public vendue with a *smooth, handsomely formed nose*. The chagrin which this spectacle occasioned to those who had endeavoured to defeat the operation, may be much more easily imagined than described.

On passing an incision through the different tumours, they were found to consist entirely of a dense, homogeneous, adipose or fatty substance of a white colour, each containing near its centre one or more small spherical cysts of about a quarter of an inch in diameter, filled with a thick, pappy, or *atheromatous* fluid of a yellow colour.

Plate II. exhibits the appearance of the face and nose after the cure.

Yours, respectfully,

P. S. TOWNSEND,

Dr. HOSACK.

